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National Association of Children's Hospitals

Max S. Baucus

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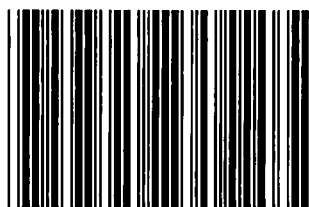
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(2) Subject* **CHIP**

DOCUMENT DATE*: **09/19/2007**

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* "required information"



BAUCUS

National Association of Children's Hospitals
Statement of Senator Max Baucus
September 19, 2007

Thank you, Jack, for that kind introduction.

**Thank you for inviting me to speak to you all
today.**

**Oscar Wilde once wrote: "Children begin by
loving their parents. After a time they judge them.
Rarely, if ever, do they forgive them."**

**Congress has a rare opportunity this year to
help children in need. If we do not succeed, a
generation of children will judge us. And if we do
not succeed, frankly, it will be unforgivable.**

Our nation's children need us all today, more than ever.

Each day in America, almost 2,000 babies are born without health insurance. Children without insurance do not go to the doctor for check-ups. They do not have dental or eye exams. They do not have vaccinations. In 2002, children made up nearly 2 out of every 5 emergency department visits.

For the 9 million children without insurance, life is harder.

We have a responsibility to our nation's children. We need to do more. And we can do more.

You are doing your part. Children's Hospitals are a vital part of our national health care safety net. You care for chronically ill children when others can not. You train many of the nation's pediatricians and pediatric specialists. You help fulfill the promise of good health for our nation's children.

Giving children a healthy start in life is crucial. Healthy children are more likely to go to school. They are more likely to do well in school. And then they are more likely to become productive members of the workforce.

Investing in our children is an investment in our future and strengthens our nation's competitiveness. It is our moral obligation.

That's why I have been so proud of my work this year to renew and strengthen the Children's Health Insurance Program, or CHIP. CHIP provides coverage more than 6 million children whose parents work but cannot afford insurance on their own.

Our bill, which passed the Senate by a strong bipartisan majority in August, would renew this program for five years, maintain coverage for all children now enrolled, and expand coverage to 3.2 million new children.

We are pushing toward agreement, and working hard to shape a final package for broad, bipartisan support.

Very constructive discussions took place over the weekend and are continuing today. Negotiators are working together and keeping their eyes on the prize, which is delivering health

coverage to more low-income, uninsured American kids through CHIP.

Quality Health Care in CHIP

Renewing CHIP presents an opportunity to improve health care *quality* for the next generation of American children. We must not miss this opportunity.

Over the past several years both the Department of Health and Human Services and the private sector have made important strides forward in measuring, reporting and improving the quality of health care. However, the great majority of this work has targeted quality of care for adults.

Children's health has often been left behind, or left out in the discussions on quality. But children have unique conditions. Children have different health care needs from adults. They deserve no less an investment in measuring and improving the quality of their care.

The current child health care system is too often a patchwork of poorly connected programs without clear accountability. The Institute of Medicine's 2004 report on children's health said that we need to improve data collection, develop quality measures, and improve outcomes of care. The Institute of Medicine also cited a growing body of evidence that many adult diseases have

their origins during childhood. Their findings highlight how important it is to institute measures to prevent illness and promote wellness in childhood.

But we cannot improve what we do not measure. CHIP now requires voluntary reporting on just one of four limited quality measures. Our current reporting in CHIP needs a lot of improvement.

While nearly all states are reporting some data, few states are reporting on all four voluntary measures. And the data that states are reporting is nearly unusable because there are no uniform reporting standards.

Even more troubling, we do not have any national benchmarks on children's health care quality. Measures on hospital care, chronic disease, and outcomes of care are not included in CHIP reports. And, despite the billions of federal dollars we spend each year in Medicaid and CHIP, we do not require any quality data on children's health for this investment. We can do much better.

The CHIP Reauthorization Act launches a substantial new initiative to improve children's health quality. This initiative will invest \$45 million over 5 years in measures to develop national core measures for children's health quality, improve data collection in CHIP and

Medicaid, provide grants for 10 states to demonstrate improved quality, and promote the use of electronic health records.

CHIP re-authorization is one of nation's top health care priorities. It is an investment in our future. To get the most for our children and to maximize the return on the investment of our precious resources, we must develop and strengthen our measures for the quality of health care that kids receive. Our bill helps quality measurement for children move forward.

These provisions would take us one step closer to the kind of quality investment that we

are already making for adults. Our kids deserve this kind of investment.

I remain committed to meeting the September 30th deadline to reauthorize CHIP and will work to ensure these quality provisions remain in any CHIP reauthorization legislation going forward.

Graduate Medical Education (GME)

In addition to investing in the CHIP program, we must also continue our investment in our nation's children's hospitals, including teaching hospitals that are devoted to training pediatricians and researchers.

In 1999, Congress took the important step of enacting legislation that provides graduate medical education funding to children's teaching hospitals. This program has had broad bipartisan support and was reauthorized in 2006 for \$330 million annually.

I support this effort and know that it has made a real difference in hospitals' ability to educate future physicians and researchers, particularly child specialists.

Children's hospitals make up only 1 out of every 100 hospitals in the U.S. But children's hospitals train nearly 3 out of 10 pediatricians. Children's hospitals train half of all pediatric

specialists. And children's hospitals train the majority of pediatric researchers.

Many rural states, like Montana, lack enough pediatric specialists. Families often have to travel far distances or to cities like Denver to get the care they need. We need to do more to make sure that states like Montana are able to recruit and retain these specialists.

Children's hospitals are also an important source of patient care, especially for seriously and chronically ill children.

GME funding for children's hospitals has played a key role in supporting these efforts.

GME funding has allowed children's hospitals to serve as the safety net for families in many communities.

This year, Congress is working to shore up funding for children's hospitals GME. In fiscal year 2007, funding for children's GME fell below the authorized level to \$297 million. In February, I joined my colleagues in sending a letter to the Appropriations Committee, requesting this important program be funded in 2008 at the fully authorized level of \$330 million. I look forward to continuing to work with all of you to support this initiative.

Halting Administration Policies

In addition to these efforts, I continue to oppose proposals by the administration to cut GME and Medicaid payments to states. I know that this is an important issue for many of your members.

In April of this year, I worked with Senator Grassley to place a moratorium until May 2008 on administration proposals to cut GME and new policies that would have restricted states' ability to draw down Medicaid funds to finance public hospitals.

The administration's proposals relate to what are often called "intergovernmental transfers."

The administration's proposals would have eliminated GME funding and placed unfair and confusing limits on how states can fund Medicaid services. I support efforts to stop fraud and abuse. But, undermining our safety net by cutting Medicaid payments to public facilities is not the answer.

I look forward to continuing to work with you on these important issues. I will continue to support graduate medical education funding. We need to make sure that we support efforts to train future doctors. The future health of our country depends on it.

Medicare

I also want to talk about our work in Medicare. This year we can take important steps to improve the quality and efficiency of care that is provided to our nation's seniors.

Some of my Colleagues in the House of Representatives note that the House has passed a Medicare bill, but the Senate has not. Let me say unequivocally: Congress will act on Medicare this year.

Like the House, I intend to pursue substantive Medicare changes this year.

This should include not just a solution to the immediate problem of physician reimbursement, but meaningful improvements in health care quality and cost control as well.

These strategies include mechanisms like comparative effectiveness. It's also extremely important that we promote more primary care and care coordination.

Furthermore, we need to ensure that rural providers have the resources they need and shore up assistance programs for low-income Medicare beneficiaries. I look forward to working with my colleagues to address Medicare issues in the Senate this year.

Conclusion

Thank you, again, for inviting me to join you today. More importantly, thank you for all the work that you do to care for our nation's children. And thank you for the work you do to educate our pediatricians and clinicians.

I look forward to continuing to work together to complete the reauthorization of the CHIP program and on other efforts to strengthen children's health.

